

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212540584</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>RELIANCE STANDARD LIFE INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2012</b></p> <p>SCC ID NO: <b>F0094336</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> <tr> <td>PREFER</td> <td>600,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000,000	PREFER	600,000
CLASS	AUTHORIZED							
COMMON	2,000,000							
PREFER	600,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 111 SOUTH WACKER DR STE 4400</p> <p style="text-align: center;">CITY/ST/ZIP: CHICAGO, IL 60606-4410</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAWRENCE DAURELLE  TITLE: P/CEO  ADDRESS: 2001 MARKET STREET SUITE 1500  CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAWRENCE DAURELLE TITLE: P/CEO ADDRESS: 2001 MARKET STREET SUITE 1500 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT ROSENKRANZ  TITLE: CHAIRMAN  ADDRESS: 590 MADISON AVE 30TH FL  CITY/ST/ZIP/CO: NEW YORK, NY 10022 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT ROSENKRANZ TITLE: CHAIRMAN ADDRESS: 590 MADISON AVE 30TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES NORBERT MEEHAN  TITLE: DIRECTOR  ADDRESS: 425 SOUTH BELMONT AVE  CITY/ST/ZIP/CO: ARLINGTON HEIGHTS, IL 60005 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES NORBERT MEEHAN TITLE: DIRECTOR ADDRESS: 425 SOUTH BELMONT AVE CITY/ST/ZIP/CO: ARLINGTON HEIGHTS, IL 60005	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	WARREN M COHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 MARKET ST		
CITY/ST/ZIP/CO:	SUITE 1500 PHILADELPHIA, PA 19103		
NAME:	CHAD W COULTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 MARKET ST		
CITY/ST/ZIP/CO:	SUITE 1500 PHILADELPHIA, PA 19103		
NAME:	DANIEL FALKENSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 MARKET ST		
CITY/ST/ZIP/CO:	STE 1500 PHILADELPHIA, PA 19103		
NAME:	DANNY R GREEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 MARKET ST		
CITY/ST/ZIP/CO:	STE 1500 PHILADELPHIA, PA 19103		
NAME:	DEBRA G STAPLES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2001 MARKET ST		
CITY/ST/ZIP/CO:	STE 1500 PHILADELPHIA, PA 19103		
NAME:	STEVEN A HIRSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 N MARKET ST		
CITY/ST/ZIP/CO:	STE 1300 WILMINGTON, DE 19801		
NAME:	STEPHAN A KIRATSOUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 N MARKET ST		
CITY/ST/ZIP/CO:	STE 1300 WILMINGTON, DE 19801		
NAME:	PHILIP R O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 N MARKET ST		
CITY/ST/ZIP/CO:	STE 1300 WILMINGTON, DE 19801		
NAME:	DONALD A SHERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 N MARKET ST		
CITY/ST/ZIP/CO:	STE 1300 WILMINGTON, DE 19801		
NAME:	ROBERT F WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 N MARKET ST		
CITY/ST/ZIP/CO:	STE 1300 WILMINGTON, DE 19801		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ THOMAS BURGHART</u>	<u>THOMAS BURGHART, VICE</u>	<u>10/22/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.